

AHCCCS Fee For Service
Transportation Prior Authorization
(602) 417-4400 Option 1
(602) 417-4687 Fax

A.H.C.C.C.S. F.F.S. I.H.S. Transportation
Prior Authorization Request Form

Today's Date _____

AHCCCS ID# _____

Provider ID # _____

Provider Name _____

Member Name _____

Date of Service _____

Diagnosis _____

Mileage _____ Rural _____ Urban _____

Amb. Van _____ Wheelchair Van _____ Stretcher Van _____

BLS Ambulance _____ ALS Ambulance _____ Emergency _____

*****Emergency Transports do not require authorization*****

Trip From _____

Trip To _____

****All transportation requests will be pended for I.H.S. Referral until referral is received by AHCCCS.
Please allow 24 to 48 hours for authorization number to be issued. PA request must be received on or
before the date of the transportation, with the exception of weekends and holidays.**

****Please do not submit a claim form for payment until an authorization is approved and matches your
claim form. This will result in a denial and delay in payment.**

Contact information: _____

Comments: _____

*****Fax Request Form to (602) 417-4687**